**2022 Department of Health (DH)**

**Post Graduate Nursing & Midwifery Scholarship *Checklist***

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| --- | --- |
| **Surname** |  |
| **First name** |  |
| **Employee No.** |  |
| **Contact No.** |  |
| **Qualification (full name)** |  |
| **University Name** |  |

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| **Checklist** | | ***Please Tick*** |
| 1. | DHHS Post Graduate Nursing & Midwifery Scholarship Application Form |  |
| 2. | Covering letter |  |
| 3. | Current Resume |  |
| 4. | Nomination of 2 referees |  |
| 5. | Current practicing certificate |  |
| 6. | Letter of offer/evidence of enrolment |  |
| 7. | Copy of University fees |  |
| 8. | Performance appraisal |  |

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| Have you previously received a Western Health Post Graduate Scholarship? |  |
| Have you previously received a Department of Health & Human Services (DHHS) Scholarship? |  |
| If yes, provide details/date: | |